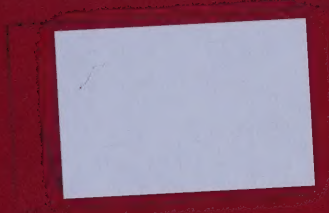


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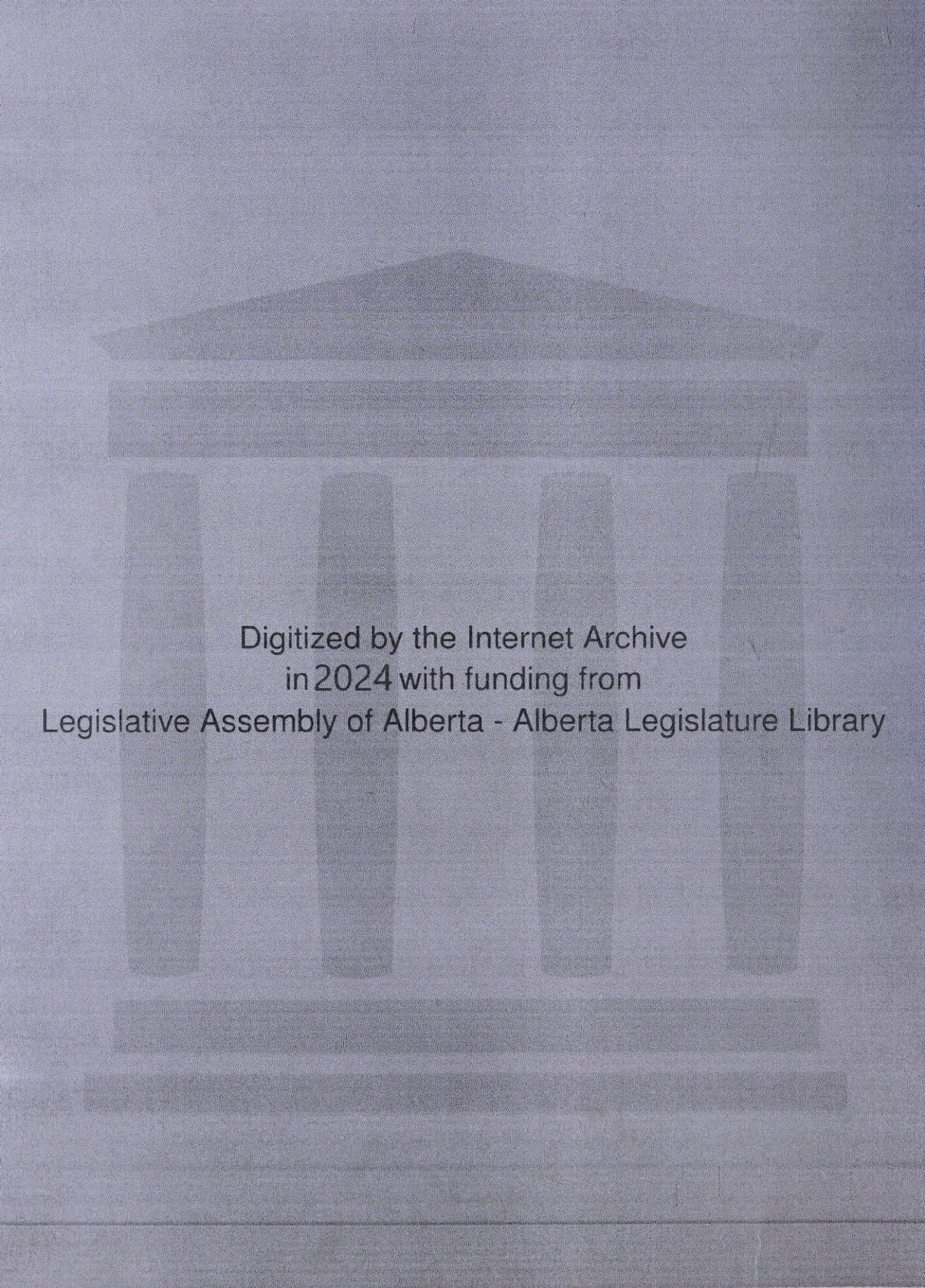


ANNUAL REPORT  
of  
THE BOARD OF VISITORS  
1971

*Alberta*  
DEPARTMENT OF HEALTH

GOVERNMENT OF THE PROVINCE OF ALBERTA



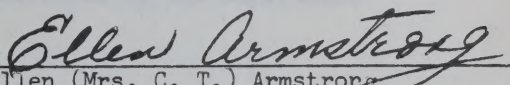


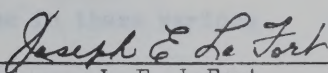
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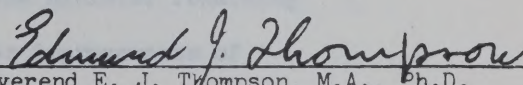


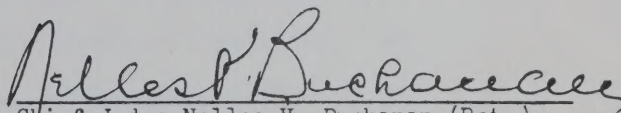
TO THE HONOURABLE NEIL CRAWFORD  
MINISTER OF HEALTH

The Board of Visitors has the honour to  
submit its Report on Institutions for the year  
1971 pursuant to the Order-in-Council 2114/66,  
dated November 8, 1966.

  
Ellen (Mrs. C. T.) Armstrong  
Chairman.

  
Monsignor J. E. LeFort  
Member.

  
Reverend E. J. Thompson, M.A., Ph.D.  
Member.

  
Chief Judge Nelles V. Buchanan (Ret.)  
Member.

Edmonton, Alberta,

December 8, 1971.



## BOARD OF VISITORS

### TERMS OF REFERENCE

1. To investigate annually and submit a report to the Minister of Health, for tabling in the Legislature, on their findings as to the care, treatment and rehabilitation and general attitudes of patients and the general attitude of staff in all institutions administered by the Department of Public Health.
  2. To investigate and report on the programs for prevention of disease in these various fields.
  3. To submit a report to the Minister regarding such recommendations for improvements of conditions that they feel are desirable.
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A.

I N T R O D U C T I O N

There having been a change in 1969 of the Minister administering the Department of Health and Social Development, this Board's entry upon its duties for 1970 was deferred. It's last Report was therefore the Report made for the year 1969.

Throughout 1968 and up to the presentation to the Government of the Blair Report in April, 1969, all mental institutions and guidance clinics in this Province, functioned under difficulties: it was a time for postponement of decisions. Not only the Government but an alerted public and the news media awaited with the keenest interest the recommendations which the Report on the Alberta Mental Health Study of a year's length, popularly termed "The Blair Report", would make.

The Introduction to this Board's Report for the year 1969 contained the following observations with respect to the Blair Report:

"Although the Government has announced its approval of the general approach to mental health as advocated in the Blair Report, it is clear both from a reading of the Report and from public comment by its Director, that the implementation of its one hundred eighty-nine recommendations constitutes a formidable and lengthy task 'to be undertaken in systematically planned phases to avoid disruption in the present system'. (Blair Report Recommendation 188.)





Quite mistakenly, many staff members of the institutions visited by this Board, have read into the Recommendations of the Blair Report one advising against further construction of any kind whatsoever at present mental institutions; no such recommendation is made. The Report does recommend that 'the Province of Alberta should not plan on building any more mental hospitals now or in the foreseeable future'. This Board of Visitors assumes that as long as the present mental hospitals are used for the care of the mentally ill they will be adequately maintained and equipped, that where necessary they will be renovated and modernized, that those individual buildings which should be condemned, in whole or in part, will be condemned and where necessary, replaced. This Report is based upon that assumption.

Throughout the staffs of all institutions visited, there is uncertainty and apprehension as to the future, both engendered by the recommendations of the Blair Report. Morale of staffs generally would be improved, and future planning by them made possible, if governmental intentions in respect of each institution were soon disclosed. Staffs of mental institutions and guidance clinics are hopeful that in the making of its decisions as to the future, the opinions of those now responsible for the operating and functioning of these institutions will be sought."

Those paragraphs are just as pertinent in the Report for the year 1971 as they were for the year 1969. We found during our 1971





visits to institutions that "uncertainty and apprehension as to the future" among the staffs of our mental institutions, still persists. The high value of the Blair Report in stirring the public conscience, in heightening the interest of the citizens in the care of the mentally ill, the mentally retarded or handicapped, the schizophrenics, the cerebral palsy and the senile is recognized. Nevertheless, the fact remains that while implementation of the Report's numerous recommendations, to the extent that Government decides that they should be implemented, proceeds, today's patient must be adequately cared for in today's buildings, with today's facilities and by today's staff, and that staff must be told the Government's plans, the direction which mental care is to take, the precise use to be made of those buildings and facilities, and the precise role staffs are to play.





B. ALBERTA HOSPITAL, Edmonton (Oliver):

1. Staff:

The patient total averages 890 whereas 575 is thought to be the appropriate maximum population. The new infirmary in the Dr. Schrag Building if adequately staffed, requires total personnel of fifty-three; it is presently (May 10, 1971) staffed by thirty-five persons. The result? Either overworked staff or minimum care.

2. The Establishment:

The personnel department of the Hospital is unable to reconcile the "establishment" of various departments as set by the Department of Health, for example, the establishment of the infirmary. If there is in fact any scientific basis for the figures, ratios, formulae, used by the Department, the Hospitals are unaware of it and should be advised. A little less inflexibility, a few less administrative arbitrary decisions, a little more resiliency and co-operative spirit on the part of the Division of Mental Health Services and the Department, would smooth the institution's way.

3. Sheltered Workshop:

Reference was made in our 1969 Report to the Sheltered Workshop then located at 9931 - 101A Avenue, Edmonton, and to





the threat by developers anxious to clear the site. The threat became real and new quarters, bright and more spacious, were finally secured at 7305 - 99 Street, Edmonton.

This "subsidiary" of Alberta Hospital, Edmonton (Oliver) is worthy of a separate report. Its staff are all members of the staff of the Hospital. The institution is incorporated under The Societies Act and has the advantage of a Board of Directors representative both of the Hospital and of the Community. In its operations the Workshop has been outstandingly successful. The new quarters have given opportunity for an extension in the activities of the patients and ex-patients who provide all of the labour and services. The recent arrangement with MHK Industries for the manufacture of gaskets has provided an extra outlet for the occupational therapy which this Workshop gives to the approximately 125 people now working there. Of these 125 people, eight are patients bussed daily from the Hospital: the remainder are in part discharged patients living in Edmonton or vicinity, all on municipal relief, who come to work, and in part persons who come to the Workshop as a social centre -- a refuge for one-time patients seeking to establish themselves in society.

In its 1969 Report this Board stated "the Sheltered Workshop's record justifies Government provision of new premises plus working capital". The Board notes with satisfaction that in the Fall of 1970 (we hope due to this Board's recommendation)



a grant of \$30,000.00 was made by the Department of Health to the Sheltered Workshop. This grant is a guarantee that for at least three years the Sheltered Workshop will carry on its present role. The Workshop can never be totally independent inasmuch as the wide range production of the Workshop, cannot expect to compete with the production of the outside community. The value of the Workshop as a centre both of labour and of social intercourse among patients and ex-patients cannot be overemphasized. This Board recommends that the Workshop be made an annual grant of \$10,000.00, thus ensuring its continued operation. The greater portion of the \$30,000.00 should be regarded as working capital.

The operation of the Workshop would be more stable were the administrative staff, on loan from the Hospital, deemed permanent.

#### 4. Transfer of Patients:

Possibly inspired by the first recommendation in the Blair Report, that "the two large mental hospitals should be reduced to manageable size", the policy of this Hospital and of Alberta Hospital, Ponoka, has been to reduce the patient load. Four methods of reduction are open:

(i) Discharge into the community of all patients deemed to be sufficiently cured to make their way in society;

(ii) By agreement with heads of families, placing patients thought capable of a limited activity in society by semi-adoption into a private home on a paid basis;





(iii) Transfer to the psychiatric ward of a general hospital those patients deemed capable of immediate improvement or immediate cure when given adequate psychiatric treatment;

(iv) By transfer to nursing homes.

The first method is highly attractive but limited in extent. The second method is the most attractive of the four, but without an educational campaign to induce in the apathetic public, recognition of their responsibility to their fellow man, a method not yet available on a generous scale, it cannot be effective. The administrator of this Hospital suggests that 276 of his patients could now be discharged to foster homes were those homes available.

The Blair Report strongly recommended the setting up in active treatment hospitals, particularly those in metropolitan areas, of psychiatric wards or departments, up to ten per cent of total beds. Progress has been made largely in metropolitan hospitals, in setting up such wards or departments. It is discovered that there are grave disadvantages to the mingling of mental patients with normal patients in active treatment hospitals. Some medical practitioners consider that the condition of the normal patient may be worsened by a confrontation with the highly disturbed and excitable mental patient. In Yorkton, Saskatchewan, the ward or department established in the active treatment hospital for psychiatric patients has been lodged in a building separate from the active treatment building, but still in the general hospital





complex. This removes the care of psychiatric patients from immediate contact with the care of normal patients and yet, located within the general hospital complex, is clear of the ostracism generally accorded by the public, to mental institutions. There are shortcomings in the fourth method. The Alberta Hospitals at Oliver, Ponoka and Claresholm have extensive rehabilitation departments, well equipped. A patient from any one of these Hospitals when placed in a nursing home, is robbed of the curative privileges present in these Hospitals, and slowly deteriorates. The patient might better stay in the mental hospital.

5. Medical Staff:

The organized Medical Staff has recently been pressing the Department for a worthwhile increase in salaries. To the medical doctors with psychiatric specialty, an increase of seven per cent was offered, but to the balance of the medical faculty an increase of only 3.7% was offered. These medical men construe this inadequate offer as an indication of a lack of appreciation for their services, some with service of very considerable length. The result has been definite job dissatisfaction. Bearing in mind that salaries in this and other institutions are not competitive with salaries of the private practitioner, it is urged that more generous proposals be made to the Medical Staff of this institution, and at an early date.



6. Alberta Hospital, Edmonton (Oliver)  
and Alberta Hospital, Ponoka:

The first among the 189 Recommendations contained in the Blair Report that "the Province of Alberta should not plan on building any more mental hospitals now or in the foreseeable future" was in no way startling: it followed the general trend in the development of mental health care in most areas of the Western world. It must be emphasized, however, that the transition from the large building of the mental health complexes to other forms of care varying from psychiatric wards in active treatment hospitals to cottage groups and possibly farm communities, must of necessity be a slow process stretching over a period of years. In the meantime, effective use must be made of the huge investment represented at the Ponoka and Oliver Hospitals.

The experts are able to forecast with fair precision the percentage of our population who will necessarily require professional mental care during the next decade or two. A generous proportion of the service which the mentally ill must have, can't be given more effectively elsewhere than at Oliver and Ponoka. Many active treatment hospitals simply do not have the high trained psychiatric personnel to handle mental patients, particularly the violent category. They lack the therapy facilities which are available at Ponoka and Oliver, cultural, occupational, recreational and environmental therapy. To provide these in active treatment





hospitals, would involve vast financial expenditure and much duplication. Oliver and Ponoka properly manned, with population appropriately reduced, particularly by the elimination of the geriatric patients, could be centres to which the mentally ill would more readily go.





C. ALBERTA HOSPITAL, Ponoka

1. Government Policy, Lack of Information:

This institution is an outstanding example of the damage sustained by failure on the part of Government to state clearly what it intends as the institution's future role. Rumors arise and flourish: one has it that though once thought adequate to house some 1,600 patients, the maximum is to be reduced to 350! Staff's conclusion? The unit is to be phased out or converted to other uses. What highly trained psychiatrist, psychologist or social worker will accept employment in a dying institution? A definite decision as to Ponoka's future and a clear statement in regard to staff would kill rumor and make planning possible.

The Central Alberta Branch of the Canadian Mental Health Association issued a valuable Report, a copy of which is now in the hands of the Department of Health and Social Development. In that Report it is strongly urged that the Alberta Hospital, Ponoka, with its extensive facilities for the treatment of mental disease should become a mental health centre for the Central Alberta region providing, in particular:

- (i) An adolescent unit treating severe cases of emotional disturbance;
- (ii) A family therapy unit;
- (iii) A travelling consultant service to the area;



- (iv) Care of a defined group of adult psychotics;
- (v) A unit for the care of established alcoholic and drug addiction;
- (vi) Custodial care and treatment of forensic cases;
- (vii) Rehabilitation;
- (viii) Educational facilities for all personnel concerned with care of mentally ill patients;
- (ix) Research facilities for both clinical and operational research.

That Report is worthy of study.

## 2. Psycho-geriatric Patients:

There are presently 178 geriatric patients requiring total care. To move them into nursing homes, when beds are available, would merely be to shift locale. Premises for these are desperately needed. The new construction should be in the form of geriatric units with infirmary facilities. The Division of Mental Health recognizes the need. We urge that a decision as to construction be made by the Government. Should it be decided to build the necessary geriatric units, there should first be launched a well conceived campaign to secure adequate medical staff. New facilities without adequate medical staff would be an unjustified investment.

## 3. Infirmary -- Male:

Renovation and replacement of fixtures are required: the





plumbing, bathrooms, washrooms, were standard in an earlier age. Doors are too narrow for the passage of wheelchairs, toilets are open, privacy nonexistent.

4. Infirmary -- Female:

Since our last Report, this unit has been moved into enlarged space, but in its equipment and facilities, it must still be described as completely inadequate.

5. School:

There are some 20 to 23 interested students. The Department of Education does its part in the provision of teachers. The classrooms are adequately furnished, equipped and attractive.

6. Medical Staff Comment:

- Salaries below those prevailing in other Provinces.
- The library is not an up-to-date library.
- We should be assisted in the updating of our qualifications.
- We're in the dark as to Ponoka's future: all we get is newspaper opinion.
- Nobody wants to be associated professionally with a dying institution; public statements by representatives of Government have led the public to believe that Ponoka Hospital is being phased out.
- Not only is our morale low, but so is that of the nursing profession: if rumors as to this Hospital could be scotched



and the facts stated, this would be a great restorer of morale.

- It should be possible to make out of Alberta Hospital, Ponoka, the counterpart of the famous Meninger Clinic of Topeka, Kansas (c.f. Recommendation 21 of the Blair Report, reading:

"For the Alberta Hospital, Ponoka, to be made more attractive to more psychiatrists, its function should change to that of a community hospital, a hub from which mental health services are distributed widely throughout the surrounding region.")





D. ALBERTA HOSPITAL, Camrose (Rosehaven)

1. Main Building:

The objective of the staff in the use of this building is that eventually there shall be no patients on the second or third floors. No longer are there patients on the third floor; the 120 patients formerly housed on the second floor, have been reduced to 40. There are 18 patients on the first floor.

The main floor area remodelled for the purpose of business offices, now gives the administration comfortable and adequate space.

It may be the intention of the Department to phase out this building, eventually. The building doesn't lend itself to remodelling. There is ample room on the grounds for the erection, from time to time, of patient villas.

2. Therapy:

There is still the same dreadful lethargy, hopeless faces among the patients. The occupational therapy presently practised is restricted in variety -- too much hooking of rugs. More therapists and wider areas of therapy might lighten the lives of patients.



E. ALBERTA HOSPITAL, Claresholm

1. Atmosphere:

It is a pleasure for the Visiting Board to state that there is a new atmosphere about this Hospital, happier and more optimistic. The change is due partly, we think, to excellent administration and partly to the successful activities of the occupational and recreational therapy instructors. They are furnished with high class equipment. Both men and women patients are producing attractive furniture, household and bedroom equipment. The reading room has a generous library, but almost exclusively fiction.

2. Land:

The property on which this Hospital is located, owned by the Crown, may be described as fully developed. There is an adjacent farm property to the West occupied by farm buildings which we believe is purchaseable at this time. These farm buildings face the staff residence and the main entrance to the building. The highway is the boundary to the Hospital property on the East. For future needs, we believe that the farm property in question should be purchased, and now.

3. Staff: (Applicable to all Mental Hospitals)

It is the opinion of the Visiting Board that under certain





circumstances, staff members can be left in one institution for too long a period. Consideration should be given by the Department to the occasional transfer from one institution to another, where a vacancy in one institution arises and it is thought that a staff member in another institution, deserving of promotion, could fill the vacancy with competence. In other words, might there well be a system of promotion within the service.



F. ALBERTA HOSPITAL, Raymond

1. Building Maintenance:

Improvements in the shower and washrooms in the lower floor as previously recommended by this Board, have been made: better lighting, shower curtains installed, doors placed on the toilets. One more improvement would have been worthwhile, a floor covering on the entire shower room area with the addition of two washbasins. This would make a reasonably attractive shower, toilet and wash-room area.

2. General:

At present, considerable professional assistance is given to this Hospital by the business manager, bookkeeper and the laundry manager from Claresholm. With the transfer a year ago of some 40 patients to Alberta Hospital, Claresholm, the patient average has been reduced to 75, a satisfactory total for the institution.

This Hospital may be described as an effectively functioning custodial institution.



G. ALBERTA SCHOOL HOSPITAL and LINDEN HOUSE, Red Deer

1. Waiting List:

The Superintendent reports that there are six hundred children awaiting admission. This means that in six hundred homes in this Province, parents are living under stress and tension, and in many cases, the lives of other children not mentally ill, are being adversely affected. This is a situation urgently demanding redress.

Yet the situation is not new: this Board has repeatedly drawn attention to the mounting list of children whose parents appeal for admission to Alberta School Hospital, Red Deer, and get the inevitable answer, "No room". Once more we suggest that among the mentally ill children in this Province, no other situation clamors so loudly as does this for immediately solution.

(The above paragraph was written prior to the appearance in Alberta newspapers on Friday, November 26, 1971, of an interview with Provincial authorities. It was stated that the Alberta School Hospital, Red Deer, is over-loaded, that the need for more facilities is "high priority", that major allocations are planned for the 1972 Budget, that a 200-bed cottage-type home is planned for Oliver and a 400-bed cottage-type institution is planned for the Baker Memorial Sanatorium site on





Calgary's outskirts. Completion of the first home is hopefully set for March 1973, and for the second, the Fall of 1974. This is indeed welcome news especially to the parents of children for whom appropriate care has so long been denied.)

2. Farm Community:

For several years the Superintendent has advocated the purchase of farm lands in the Red Deer area for the establishment of a community settlement of patients deemed able to take part in the community life, many of whom have grown to adulthood in this Alberta School Hospital. It is suggested that this would be the fastest method available for the freeing of two hundred beds. The Department earlier expressed its approval of the enterprise and was to have completed arrangements for the purchase of the communal lands in the Fall of 1971. An Election intervened. We approve and recommend the adoption of this proposal.

3. Swimming Pool:

Up to now patients from Red Deer School Hospital and from Deerhome, have had to go down into Red Deer City for swimming accommodation. For some time approval has been sought for the construction of a pool. At the moment, the Lions' Club and the Shriners are promoting a lottery, the proceeds committed to the construction of a pool. It is important that this pool be located



on Crown property convenient to both the School and Deerhome, and that it not be constructed in a site designed for the convenience of either of these institutions singly. That would be a serious error, an error which the Department, of course, is in a position to prevent.

4. Establishment:

The same complaints are made here as elsewhere in respect of the fashion in which details of the establishment are set up in the Department of Health and Social Development. Nobody seems to know the basis. As to the Red Deer School Hospital, it is suggested that even when the establishment is full, the place is quite inadequately staffed. To this general complaint in respect of the establishment, details might be added:

- (i) The conviction exists among this and other institutions visited, that the personnel department in setting up the establishment, does not seem to be adequately informed as to the needs of the institution, as to the personnel required to give the service for which the institution exists;
- (ii) The Superintendent is not given liberty to transfer personnel within departments of his institution, as the needs arise. The Superintendent should have the right to deploy his staff as he, in his wisdom -- likely wisdom in excess of the personnel department -- sees fit.
- (iii) During the last decade the nature of work in this and





other mental institutions has changed: more attention is given the individual patient, and therefore more staff is required;

- (iv) There should be a fresh study from which a fresh establishment would be constructed.

##### 5. Buildings and Maintenance:

The infirmary originally planned for younger children of necessity has been used to accommodate older persons who would have been transferred to Deerhome had there been accommodation there. The building is in poor condition and is completely inadequate. The Cherry, Fir and Birch villas are in even worse condition than the infirmary. There would appear to have been no construction at this Hospital for the last six years.

##### LINDEN HOUSE

At the time of our visit, this special department of the Hospital contained, of patients, ten girls and nine boys. At present only one junior psychologist and one junior social worker on the staff. Obviously such a diminished staff could not hope for success in the treatment of these special patients. Appointees to complete the establishment of professional persons should be aggressively sought: the original purpose of Linden House, namely, the cure of emotionally disturbed children, is not now met and will not be met until adequate staff is provided.



H. DEERHOME, Red Deer

1. Staff:

On September 29, 1971, there were 1,321 patients in this institution. The present staff, according to the Superintendent, is capable of handling approximately 900 patients and not more.

2. Deerhome -- Its Role:

This institution was built to take patients, mainly those requiring custodial care only, from Alberta School Hospital, Red Deer, Alberta Hospital, Ponoka, and Alberta Hospital, Edmonton (Oliver). Over the years there has been a shift in the category of patients admitted, and now the institution is neither completely custodial nor completely rehabilitative. More effective work could be done if the institution were exclusively one or the other.

3. Estimates:

At the date of our visit, estimates for the year 1972-73 were being compiled, a lengthy task. It was suggested that after submission of these estimates, if the normal procedure is followed, no word or comment whatsoever will come back from the Department. It will be discovered, possibly after the next meeting of the Legislature, that much has been struck out of the estimates. The proposal, often previously made and now made again, is that there



be some communication between the Department and the institution in respect of the fate of the estimates. For example, when some reductions have been made in the sums called for by the estimates, appropriate members of the administration of the institution, with their on-the-spot knowledge of priorities, might well be consulted as to the expenditure of the balances remaining in various items after the estimates have been trimmed down.

4. Buildings:

As has been stated on many previous occasions, a clinical building of 25 to 35 beds, in include an infirmary, is badly needed. It should contain facilities for minor surgery, X-ray and dentistry. Presently patients are sent to the Red Deer General Hospital and to the School Hospital for treatments that should be available in the institution.

5. Land:

It should be noted that the present lands allocated to this institution have been extensively built upon. The patients need generous space, generous horizons, space for lawns, for flowers, for gardens. Beauty in the surroundings is of outstanding therapeutic value. It is suggested to the Department that investigation might well be made of available adjacent lands so that, in the future, this institution will not be hemmed in, robbed of space for expansion, whether for buildings or recreational facilities.





I. OBSERVATIONS: ALBERTA MENTAL HOSPITALS

1. A Place in Alberta Hospital Association?

One of the persistent difficulties in securing the effective functioning of these institutions is the difficulty of maintaining medical, psychiatric, psychologic, nursing and other professional staff. These professional people complain of their isolated situation, often cut off from association with fellow professional people. One method of remedying this situation would be for all mental hospitals to join and become active members of the Alberta Hospital Association. It appears that overtures were made by the Association to the Hospitals, but that the negotiations were terminated by action of the Department of Health. We suggest that the proposal was a sound one and should be revived. Any method of making the role of professional people in the mental hospitals a more attractive one, should be pursued.

2. BUREAUCRACY:

At Page 33 of the Blair Report, the following statement occurs:

"..... An administrative problem (is) found to be quite general in those institutions, visited by the Committee, which are administered by the Division of Mental Health. The remoteness and apparent inflexibility of the central administration have produced negative effects on the



morale, efficiency and recruiting. In fact, the situation was sufficiently severe as to be interpreted frequently by those in the field as a lack of concern on the part of the central administration."

This Board, in its visits, found that this "administrative problem" still exists.

Superintendents of institutions, presumably appointed by reason of their skills and competence as administrators, have found themselves handicapped by the presumption within the Department that the members of the Department know better how an institution should be administered, what staff is required for the purpose, how staff should be deployed when transferred within the institution, when promoted. This is, in our view, an unwarranted assumption. Greater freedom of administration should be allowed to institutions.

### 3. CAMPS:

The life of the patient in a mental institution uninterrupted by change, recreation, out-of-door activities, services, concerts, camps, can induce inertia, lethargy.

The Alberta Division of the Canadian Mental Health Association has been extremely successful with those patients from our various mental hospitals for whom it has found space in summer lakeside camps operated by it in various parts of the Province.



It is noteworthy that the staffs of these C.M.H.A. camps have invariably been of the voluntary variety -- an example of that involvement of the citizenry which is one of the basic objectives of all authorities in the field of mental care.





J. BAKER MEMORIAL SANATORIUM, Calgary

1. A dwindling roll of tubercular patients at this Sanatorium is a happy comment on the success of modern curative methods. The policy appears to be one of gradually phasing out anti-tuberculosis activities in this institution, the care of the residue of these patients to be the function of general active treatment hospitals.

2. Future Use of the Baker Sanatorium Site:

Southern Alberta has long needed greatly extended provision for the mentally retarded, handicapped and damaged children. If newspaper reports have any significance, it would appear that plans are complete for a cottage-style development, comprising four groups of three cottages each -- construction to be done in phases, with one of the thirty-six-bed cottages from the first phase, reserved for use as an occupational, residential and day care centre. As the remaining three phases are built, totalling 108 beds each, it is suggested plans are to be modified according to experience gained as to operation of the first phase. If those newspaper reports are reliable, we say "Wonderful".

(The above paragraph was written prior to the appearance in Alberta newspapers on Friday, November 26, 1971, of an interview with Provincial Authorities. It was stated that



the Alberta School Hospital, Red Deer, is overloaded, that the need for more facilities is "high priority", that major allocations are planned for the 1972 Budget, that a 200-bed cottage-type home is planned for Oliver and a 400-bed cottage-type institution is planned for the Baker Memorial Sanatorium site on Calgary's outskirts. Completion of the first home is hopefully set for March 1973, and for the second, the Fall of 1974. This is indeed welcome news especially to the parents of children for whom appropriate care has so long been denied.)

3. Care of Child Patients Physically and Mentally Impaired:

In its 1968 Report, this Board commented:

"The Board of Visitors spent some time among these pathetic patients; they require extensive individual care. Not once did they find a child in other than an immaculate condition, a tribute to the tender and loving care bestowed on their charges by a devoted staff."

These comments we now repeat: they are just as appropriate in 1971 as in 1968.

4. Future Care of Tubercular Patients:

Plans are underway for the construction of an Auxiliary Hospital adjacent to the Foothills Hospital in Calgary, and for the allocation of 30 to 40 out of its 200 beds to the treatment



of tubercular patients. This, when plans are matured and construction completed, will permit of the transfer of the remaining TB patients from Baker Memorial Sanatorium.





K. ABERHART MEMORIAL HOSPITAL, Edmonton

1. Changes in Administration:

Since our last Report the administration of the services previously given in this Hospital have been completely altered. The Board of the University Hospital has assumed responsibility for the building. The Division of Tubercular Control under the guidance of Dr. John Ryder, is the tenant of the basement and first floor. Admissions of TB patients to the Hospital are made by the Division of Tubercular Control: in accordance with modern trends in the treatment of tuberculosis, the day-to-day care of these patients is now the responsibility of the medical staff of the University Hospital. 115 of the Hospital's beds are occupied by tubercular patients: the balance of the Hospital's total 250 beds are at the disposal of the Board of the University Hospital. The Division of Tubercular Control handles all outpatients and their treatment. It assumes responsibility, throughout the Province, for the care of all tubercular children.

2. Oliver's Tubercular Patients:

Mentally ill patients afflicted with tuberculosis are being well cared for in the TB Unit at Oliver. The reduction



of a previous population of 70 patients to 40, has reduced the crowded conditions and extended the time for individual patient care.

While this unit is not the appropriate place for recalcitrant TB patients, not mentally ill, it is meeting the existing need.



L. CEREBRAL PALSY CLINIC, Calgary

1. Staff and Premises:

There has been a definite improvement in the numbers of staff since presentation of our 1969 Report. There has been no improvement whatsoever in the physical surroundings and their equipment: they are hopelessly inadequate and quite unsuitable for the basic purposes of the Clinic. There is not sufficient space for the therapy which must be given. Neither is there sufficient room or adequate facilities for the functioning of the speech therapist; there are not adequate bathroom facilities nor is there adequate equipment for the needs of the children. At almost every point the excellent work done by the staff is frustrated by the lack of space and lack of proper planning. This situation was dealt with in our 1969 Report and since that time, there has been no change or improvement whatsoever in the cramped quarters occupied by this Clinic.

Demands for an increase in the number of patients being treated by the Clinic are regularly made. They can't be answered. The present physical accommodation at the Clinic bars any increase in its patient load.

In our 1969 Report, we stated as follows:

"Now that the Glenrose School Hospital, in Edmonton, is safely and generously





launched on its way -- the envy, undoubtedly of Canada's other nine Provinces, attention should be turned to the needs of the Southern Part of this Province. Although Glenrose School Hospital is designed to serve the whole of the Province and the Northwest Territories, not more than one-fifth of its patients come from the area South of Red Deer. Undoubtedly parents in the South are reluctant to send their children so far North."

Another Glenrose School Hospital, comparable to that functioning in Edmonton, but -- in view of the innovations and improvements in the care and treatment of the cerebral palsy patient -- updated, is now needed in Calgary.



M. ALBERTA GUIDANCE CLINIC, Calgary

1. General Comment:

- Unlike mental institutions in the Province, this Clinic reports adequate staff.
- The treatment of autistic children in the building located on the grounds of Sick Children's Hospital continues on the modest scale permitted by the size and equipment of the building.
- Independent knowledgeable observers indicate that the Clinic is doing good work; that it is coming to greater prominence by its contribution to the mental health of children; that with appropriate additions to the child psychiatric staff and greater financial support from the Government, this Clinic could become a leading centre.
- The staff of the School of Social Work at the University of Alberta, Calgary, use this Clinic for their students' practical experience.
- It is expected that the Department of Psychology of the University of Alberta, Calgary, will shortly be using this Clinic for its field work.

2. Possible Expansion of Activities:

As do the other six Guidance Clinics functioning in this



Province, the Calgary Guidance Clinic sends out teams (psychiatrist, psychologist and social workers) to various points in Southern Alberta, such as Hanna and Drumheller. If this Guidance Clinic were to do its full duty in this regard it would need five teams to serve it. It's not sufficient to see a child in the Clinic: to complete the diagnosis and the prognosis, the professional person should see the family. The present staff establishment does not permit what would be a sound expansion in the activities of this Clinic.





N. ALBERTA GUIDANCE CLINICS, Edmonton, Grande Prairie  
and Peace River:

1. Changes:

There has been definite progress since our last Report was made. The Edmonton Clinic is in new quarters at 10010 - 105 Street with larger floor space and more commodious quarters. Movable partitions make for flexibility in the size and the user of floor space. The staff are very happy with their new location.

During the last two years there has been agitation within the Edmonton and Grande Prairie Clinics, by the Peace Region Mental Health Planning Council and by the citizens in Grande Prairie, for independence to the Guidance Clinic at Grande Prairie, and the establishment of an independent Clinic at Peace River. Both of these ambitions have been accomplished.

Peace River was fortunate: the opening of the Clinic coincided with the completion of a new commercial building. The Clinic premises are adequate and attractive.

2. Clinic Services to Rural Areas:

Every Guidance Clinic in the Province has assumed some responsibility for the furnishing of guidance to rural areas, the extent of this service being determined by the available staff at each established Guidance Clinic. At the moment, the Edmonton Guidance Clinic sends out teams to Fort McMurray and



Fort Chipewyan, by air, and, by car, to Wetaskiwin, Jasper, Edson, St. Paul and Camrose. With many interruptions due to inadequate staff, the Grande Prairie Clinic has sent visiting teams to Peace River, High Prairie, Wabasca, Rycroft, Hythe and McLennan. At the moment, the staff at the Peace River Clinic consists of the Director who is a psychologist, and a temporary Social Worker. No expeditions into the rural area to the North can be expected until staff is enlarged. A beginning only can be made with a staff of two people.

Although the Peace River area may fairly be described as isolated from other clinics in the Province and from opportunities to associate with fellow workers who attend seminars, conventions and other professional gatherings, nevertheless, a plane service to the outside exists. Such opportunities should be made available to the Peace River and to the Grande Prairie Clinic staffs on a generous scale.



O. ALBERTA GUIDANCE CLINIC, Red Deer

1. Area of Activity:

The professional efforts of the staff are not confined to the Clinic offices in the City of Red Deer: members of the staff attend at the Red Deer School Hospital, the General Hospital, Deerhome and the Separate Schools.

2. Conclusions from Attendances at Deerhome:

The Clinic Director attends at Deerhome when independent assessments of patients are desired. From such attendance he reminds this Board of the difficulties confronting those who administer such an institution as Deerhome -- the numerous adult defectives, the noisy conditions, bare walls, echos, crowds, absence of privacy and to the question of "What to do?" suggests that the provision of more beds can't be escaped, that if and when provided, the new buildings should be of the larger cottage variety, containing twenty or thirty patients: experiments in this form of building have been highly successful in England: they provide pleasant surroundings and ease in staffing.





P. ALBERTA GUIDANCE CLINICS, Lethbridge and Medicine Hat

1. Future of Medicine Hat Clinic?

The Clinic at Medicine Hat is adequately and generously housed. The staff, however, consists only of a psychologist and a social worker. Until a psychiatrist has been secured, it is not suggested that other additions to the staff be made. With the appointment of a psychiatrist, the Clinic could assume wider responsibilities. Visits could be made to Brooks, relieving the staff at Lethbridge of responsibility for that district, as well as to other points where team service should be given.

It's noteworthy that although a psychiatrist from Calgary attends at Medicine Hat on occasions, no arrangements have been made for the obtaining of his services, on a fee basis, at the Clinic. As a temporary measure, such arrangements might well be made, thus enlarging the Clinic's field of operation. This same suggestion may be made with regard to the Medicine Hat medical doctor who shortly returns from the East with his specialty in psychiatry.

2. Lethbridge Staff:

The Director makes regular trips to Medicine Hat and to the Brooks area. Were the services of a psychiatrist secured in Medicine Hat, the Lethbridge staff could be released from service in the Medicine Hat area, and the Lethbridge Clinic could give



increased service to the area for which it is deemed responsible.

The atmosphere at this Clinic is that of a smoothly and effectively operating unit. It is noted that the psychiatric social worker on various occasions in the absence of a psychiatrist, has assumed responsibility for full direction of the Clinic. He has not yet been granted Grade IV in his classification as Psychiatric Social Worker, a classification to which we recommend that in fairness, he should now be promoted.



Q. OBSERVATIONS: ALBERTA GUIDANCE CLINICS

Statistics by all of the Guidance Clinics indicate steadily increasing patient loads in every part of the Province.

A study to which the Mental Health Division might well address itself, is the degree or extent of mental health guidance which should be furnished. Does the Department undertake, at this time or at any time in the future, to leave no mentally disturbed child or individual unhelpt? Does the Division deem itself responsible to cover the Province either by the establishment of Clinics or by the dispatch of guidance teams, to supply adequately the coverage which the mental health condition of our population demands?

Some guidance on this question should be given to the Directors of Clinics. Are they to be satisfied with the status quo or are they to persist in their attempts to bring guidance services to the rural areas in spite of inadequacies in staff? We recommend this study.



R. CHAPLAINCIES

In our 1969 Report we dealt with the question of Chaplaincies thus:

"This Board is convinced of the need of chaplains in our mental institutions and has recommended their appointment; full time, at Alberta Hospitals, Edmonton, and Ponoka and at Deerhome, Red Deer; part time at Alberta Hospitals, Claresholm and Raymond, and at Rosehaven, Camrose.

It is now generally admitted among those engaged in the hospital field that as has been stated by the recently organized Hospital Pastoral Care Association of Alberta "pastoral care, which takes seriously the spiritual dimension of the patient's experience of illness, is an essential element of the health team's function and responsibility'.

One of the barriers to the earlier appointment of hospital chaplains in the mental health field has undoubtedly been the existence of denominational prejudices. The organization of the Hospital Pastoral Care Association at Red Deer on February 10, 1969, with one hundred and five hospital chaplains and clergymen, of some seven denominations, administrators, nurses, doctors and hospital trustees present, may be taken as an indication of the passing of denominational prejudice. The way should now be open for a decision by government that chaplains, on the scale previously suggested, should now be appointed."

The administrator of one of our metropolitan hospitals recently indicated that in his opinion, the Chaplain was an essential member of the so-called "healing team", that he deemed





the Chaplain to be just as important a member of the hospital staff as members of the medical or nursing profession, that in his opinion, the Chaplain should be the employee of the Hospital Board and paid as a member of the professional staff. This Board entertains the same opinions in respect of the importance and employment of chaplains as does the administrator whose opinions are just cited.



S. ACKNOWLEDGMENTS

The year 1971, like the year 1969, was one of extensive staff shortages in all institutions administered by the Division of Mental Health Services.

As in the year 1969, so in the year 1971, in newspapers, at conventions, both professional and hospital, on the public platform, the operation of mental hospitals, the care of the mentally ill, physically handicapped, were common subjects of debate and criticism: as in the field of Education, most citizens deem themselves entitled to express their opinions, generally critical. To those employed in institutions caring for the mentally ill, from senior staff to the most junior employee, who, in spite of inadequate staff, public criticism in certain areas, inadequate salary and wages, stayed with their tasks and rendered sound, loyal and generous service, this Board extends its thanks.

We ask ourselves: in view of the circumstances and conditions under which institutional staffs are working, how much can fairly be demanded of them? Are they now being imposed upon? Are they largely the forgotten among the public servants?

Once again we express our gratitude for the generous welcome and the kindly courtesy which has been uniformly extended to us by Hospital and Clinic



staff throughout our annual tour of inspection.

Ellen Armstrong  
Ellen (Mrs. C. T.) Armstrong  
Chairman.

Joseph E. LeFort  
Monsignor J. E. LeFort  
Member.

Edmund J. Thompson  
Reverend E. J. Thompson, M.A., Ph.D.  
Member.

Nelles V. Buchanan  
Chief Judge Nelles V. Buchanan (Ret.)  
Member.





T.

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